AMO REPORTS 82-1

ADULT RESIDENTIAL FACILITIES

THE ASSOCIATION OF MUNICIPALITIES OF ONTARIO
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ASSOCIATION OF MUNICIPALITIES OF ONTARIO

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The Association acts as the collective voice of Ontario's municipal governments and is organized to accomplish through cooperation and coordination, what the majority have neither the time nor the resources to do individually.

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REPORT ON ADULT RESIDENTIAL FACILITIES

1. INTRODUCTION

Since the Second World War, there has been a shift in emphasis from institution-based tc community-based health and social care. The change is the result of many mid-century social and technological changes: the introduction of psychotropic (mood-altering) drugs, improved geriatric care, advances in general health care, and legislative changes directed to the protecton of individual rights.

Consequently, many people who had formerly been housed in provincial institutions were returned to the community. Others, who once would have been "committed" to institutions as they aged or displayed physical or emotional disabilities, have remained in the community with the assistance of government and private community-based care services. On balance, there can be little doubt that the passing of huge, impersonal, custodial institutions represents a tremendous saving in wasted lives and a necessary growth in community responsibility for those people with special care needs.

Community-based care for people with special needs may include: outreach services linking the remaining institutions to the community, services delivered to private homes, services offered in accessible community centres, and residential services. Each of these forms of community-based care will have a significant impact upon municipal responsibilities and municipal social services.

During the past two years municipalities have repeatedly been urged to accept further responsibility for people whose special care needs include some form of residential care. Consequently, a variety of initiatives dealing with residential care are taking place across Ontario. Some municipalities, faced with the proliferation of totally unregulated "boarding homes", "rooming houses", and "rest homes" have implemented a stronger municipal licensing procedure for those which cater to the socially disadvantaged. Others, faced with a need to facilitate structured residential programmes in their communities, have begun to implement changes to zoning by-laws to permit provincially licensed or approved group homes.

Municipalities have been made aware of their responsibility for ensuring that residents with special care needs be provided with the opportunity to have those needs satisfied in the community. However, some are concerned that programmes and appropriate funding essential to the success of residential care have not been forthcoming.

The shift from institution-based (i.e., provincial responsibility) to community-based (i.e., local responsibility) care has not been accompanied by a commensurate shift in funding and programme resouces.

In spite of the positive attempts by a number of municipalities to address the issue of "de-institutionalization" within the municipal capacity to act, many municipalities have yet to accept their legitimate responsibilities. Whether through lack of knowledge or unwillingness to act, some have yet either to introduce zoning by-laws to permit the establishment of group homes, or to provide a licensing mechanism co-ordinating inspections by public health, fire, buildings and planning officials.

Municipal social services departments are directly affected by the release of individuals from institutions because in many cases (e.g., the discharged psychiatric patient) they provide income maintenance under The General Welfare Assistance Act for extended periods of time. Further, the use of hostels has changed significantly since the introduction in 1972 of The Nursing Home Act which parallels the development of the domiciliary hostel programme: residents are more permanent and need more care than in the past. Moreover, the residential option is severely limited for those who need transitional or less custodial programs.

2. RESIDENTS

Adult residential facilities can be established under existing provincial Acts[1], and receive, through each Act, a charter to serve a specific target group(s). Definitions of the target

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1 Mental Hospitals Act, Homes for Special Care Act, Ministry of Correctional Services Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act, Homes for Retarded Persons Act.

group are usually contained in the legislation. A board or committee of admission may be formed to screen applicants to ensure appropriate placement.

There are, however, facilities which operate under no legislation, whose residents are a mix of persons who select a residential facility for a variety of reasons. Lodging homes[2] are provincially unlicensed facilities and accommodate, in addition to "normal residents", post psychiatric patients, drug and alcohol dependent persons, the adult mentally retarded, disruptive members of other target groups not "appropriate" for other residential group facilities, senior citizens, at-risk elderly not yet requiring nursing home care, and disruptive elderly not acceptable for homes for the aged residential facilities. In addition, transients in any community generally find accommodation in lodging homes.

3. ZONING

Given the current emphasis on the principles of "normalization" and "de-institutionalization" there appears to be a need in every community for a by-law which defines the type of use and guarantees basic health and safety standards.

For "normalization" to occur, adult residential facilities must be able to be established in a dispersed pattern in all residentially zones areas in every Ontario municipality. In many municipalities, restrictive zoning by-laws require an official plan amendement and/or a rezoning before they may proceed. However, in the last two years, the provincial government has been actively involved in promoting the concept of "group

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[2] Also denotes boarding homes, rest homes, retirement homes, etc.

homes"[3] to provide care, treatment, supervision, and alternatives in community living in a family atmosphere for small groups of persons with physical, social or mental handicaps. The initiative has emerged from the provincial government's conviction that small community-oriented facilities provide more effective treatment settings than large institutional facilities and at lower costs.

The provincial government is proposing that municipalities amend their official plans and zoning by-laws to enable group homes to locate in all residential neighbourhoods, subject to distance separation standards and to satisfactory licensing and funding requirements.

As part of the process, the province proposes that a municipality require the registration of all group homes. To this end, the province has amended The Municipal Act allowing municipalities to establish a registry of group homes, and to require that all group homes must be licensed or funded by provincial or federal Acts.

The Association supports the initiative taken by the province to encourage permissive zoning for group homes, coupled with a guarantee of a high level of quality control through stringent licensing requirements. Unfortunately, the province's initiative is less than comprehensive in several ways.

First of all, this provincial initiative does not extend to capture all facilities. Several adult residential facilities are not licensed/funded by the Province of Ontario or the federal government and thus are not classed as group homes. Furthermore, some of these may have more than ten "residents". As a result many adult residential facilities do not meet the "group home" definition and are thus neither protected from discriminatory zoning, nor required to meet the fairly strict licensing requirements recommended for group homes.

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[3] The province defines group homes as a single house-keeping unit in a residential dwelling in which three to ten residents (excluding staff or the receiving family) live as a family under responsible supervision consistent with the requirements of its residents. The home is licensed or approved under provincial statute and in compliance with municipal by-laws.

Another area of concern is the apparent contradictions in the provincial approach to group homes. On the one hand, the province is actively pursuing a policy of "de-institutionalization" but has decided only to use a volitional policy of "encouragement" with municipalities regarding zoning for group homes. Also, the Provincial Secretariat for Social Development wishes to encourage permissive zoning for all types of group homes. Section 34(1) 2 of Bill 159, An Act to Revise the Planning Act, may allow municipalities to continue to exclude group homes from any or all residential areas. Equally as serious, it may allow municipalities to permit some types of group homes but not others, thereby discriminating against some classes of disadvantaged people but not others.

This paper recommends municipal registration, licensing, regulation, and inspection of adult residential facilities. However, zoning should be a prerequisite of licensing, so that land use and site suitability must be considered before licensing. This approach would recognize both the rights of the individuals requiring adult residential facilities and the right of the community not to be disrupted.

4. LICENSING

Under The Municipal Act, (R.S.O. 1970, Chapter 352, Section 77), municipalities have the authority to license, regulate, and inspect boarding homes. Some municipalities have done so for many years within by-laws that cover minimum standards of health, fire safety, and building structure. These types of homes were originally intended to accommodate "normal" residents[4] who did not need any assistance with activities of daily living. Many municipalities, however, do not have any by-law licensing even these types of homes.

An adult residential facility can be defined as a private or commercial facility intended to provide temporary or long-term living accommodation, for compensation, for three or more adult

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[4] Resident:
Means a person other than the operator or his/her family members or employees, who resides in the house.

persons not related by blood or marriage to the operators, which offers assistance with activities of daily living[5] and where, twenty-four hours a day, at least the operator[6] or one adult employee of the operator is on duty in the facility and able to furnish such assistance. These facilities are not already licensed by the Province of Ontario.

Inspection approvals for health and safety standards should be required from:

1. Municipal fire department, where one exists; where no local fire inspection is available, inspection by the Ontario Fire Marshal's Office,

2. The local board of health,

3. The municipal department(s) or unit(s) responsible for zoning and building codes.

Each facility should identify the services it provides and its rates. Licenses should be renewed annually. Licenses should be displayed in a conspicuous place and should clearly specify the maximum number of residents to be accommodated; licenses should not be transferrable. Operators should be required to keep records on each resident. Health inspections could be based upon Guidelines prepared by the Ministry of Health in 1976: Ministry of Health Guidelines for Rest Homes, Lodging Homes and Group Homes.

Each municipality should maintain a registry of adult residential facilities which would be available to those making inspections and unlicensed operations would then become readily identified.

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[5] Activities of Daily Living:
Includes those activities which provide the individuals with adequate nutrition, hygiene, warmth and rest.

[6] Operator:
Means a person licensed to operate a house at a specific address.

If local governments are going to achieve a satisfactory level of standards in basic licensing procedures, provincial Ministries must make consultants available to assist municipalities in the areas of health, social services, and land use concerns. Fire protection and inspection, which are locally funded, are alarmingly uneven across the province. Because local tax bases vary dramatically, the province should offer funds to those municipalities which cannot develop services without severe financial hardship. The same approach could be adopted with local boards of health which appear to have financial problems. Local by-laws can only be as good as their enforcement.

5. FUNDING

There is a plethora of provincial legislation dealing with residential services for adults. It includes:

- Mental Hospitals Act
- Homes for Special Care Act
- Ministry of Correctional Services Act
- Charitable Institutions Act
- Homes for the Aged and Rest Homes Act
- Homes for Retarded Persons Act

The above are licensed or approved by the province in compliance with municipal by-laws.

Cost-sharing for these facilities varies. Basically, however, they are housing disadvantaged people and provide some, and often, minimal programming.

The various Acts, the variety of cost-sharing formulae from Act to Act, and the inconsistent and often contradictory programmes merit study and review leading to some consolidation. Under The General Welfare Assistance Act, municipalities may contract with domiciliary hostels to supply housing for disadvantaged persons who are not housed under provincial legislation. The Act does not require that these hostels be licensed or established under a municipal by-law. Rates of subsidy paid for the disadvantaged vary from city to city; the province sets a maximum rate each year for which cost-sharing is available.

There is no provincial cost-sharing for services provided in these hostels other than for the provision of three meals and a bed. Thus, not only do services provided not relate to each other throughout the province, but also domiciliary hostel payments do not relate to any of the provincial Acts.

The General Welfare Assistance Act in its current form is not the appropriate legislation for adult residential facilities. The current hostel and domiciliary care per diems paid by municipalities to adult residential facilities will be insufficient to operators required to meet new municipal by-laws requiring improved operational standards.

6. PROGRAMMES

The term programming in adult residential facilities refers to the development of a person's life and coping skills. This covers four major areas:

1. the development of basic living skills, e.g., cleanliness, personal hygiene, table manners,
2. work therapy programmes, e.g., sheltered workshops
3. social skills, e.g., recreational/group activities,
4. education, e.g., upgrading/retraining programmes.

The objectives of the above are:

1. to reduce the number of re-admissions to institutional settings,
2. to assist the resident to become less dependent,
3. to facilitate gradution from dependent to independent living, where appropriate.

Problems arise in the implementation of such a programme. The lack of appropriate discharge planning from local and provincial institutions is a serious problem. This has resulted in large numbers of withdrawn residents who, lacking motivation and socialization skills, spend hours on end watching television. Others are literally engaged in doing nothing.

Lodging home operators cannot be expected to assume responsibility for programming because it would be unrealistic to expect additional staffing and costs at current per diem rates. All we can hope for, at current rates, is that operators will continue to provide basic food and shelter in co-operation with others who are providing programming.

If proper discharge planning existed, essential recommendations about a resident's needs would be available for implementation. The latter activity could be overseen by a protective service worker funded by the Ministry of Health, similar to the system used in mental retardation. Under The Developmental Services Act, the Ministry of Community and Social Services funds Adult Protective Services Workers (APSW) to assist the adult mentally retarded in adapting to life in the community.

The programme provides both advocacy and skills development in promoting supported independence for the client. In particular, APSW's provide assistance in financial management, managing personal care, finding accommodation, obtaining income maintenance and reaching counselling programmes, when they return from institutions to the community. Programmes themselves could be funded by either the Ministry of Health or the Ministry of Community and Social Services and provided by community agencies. Finally, volunteers could play important roles in the areas of living skills and recreation.

In order for the above to become operational, co-operation is necessary among municipalities, local agencies and services, and the province. Co-operation between the Ministry of Health and the Ministry of Community and Social Services is long overdue in this area.

7. RECOMMENDATIONS

AMO recommends:

1. That the Province of Ontario, through the Ministries of Health and Community and Social Services, acknowledge the consequences of de-institutionalization and provide its leadership role and responsibility for the funding of local programming for adult residential facilities.

2. Whereas the provincial and municipal levels of government have powers and responsibilities regarding adult residential facilities,

   a) That the Provincial Secretariat for Social Development identify those municipalities where no municipal by-laws exist regarding boarding and lodging houses and other forms of adult residential facilities and encourage them to draft by-laws without delay so as to ensure levels of health and safety; and

   b) That municipalities which had such by-laws be encouraged to review the adequacy of their existing lodging homes licensing by-laws and strengthen them accordingly and ensure that they are conscientiously enforced.

3. That, under the aegis of the Provincial Secretariat for Social Development, meetings with representatives of lodging home operators be convened to develop physical plant standards appropriate for adult residential facilities and the financial implications pursuant to any modifications and the enhancement of overall service and funding.

4. That the Provincial Secretariat for Social Development introduce, through either the Ministry of Health or the Ministry of Community and Social Services,

   a) a programme similar to that which exists under The Development Services Act which funds Adult Protective Services Workers to assist the residents of adult residential facilities to adapt to the life skills,

   b) distribute to municipal governments information regarding the Ministry of Health's Adult Community Mental Health Programmes,

   c) consider the expansion of funding dealing with overall community mental health expenditures.

5. That the Province of Ontario, through the Ministries of Health, Municipal Affairs and Housing and Solicitor General, ensure that municipalities have the necessary funding to increase health, building and fire inspection services for adult residential facilities where it is apparent that the municipality clearly does not have the expertise or resources.

6. That municipalities be encouraged to develop non-restrictive by-laws for residential facilities.

7. That the Province of Ontario, through the Provincial Secretariat for Social Development, consolidate the many pieces of legislation that deal with community residential services for disadvantaged groups.

8. That the Ministry of Community and Social Services be requested to produce, in co-operation with Ontario Municipal Social Services Association, a policy paper on the need to rationalize a residential programme based on a continuum of care in Ontario in relation to the regulations pertaining in hostels in The General Welfare Assistance Act.

9. That the Ministry of Community and Social Services recognize that deinstitutionalization creates a need for increased support services to ensure that people released from institutions are accommodated in appropriate residential facilities and that the Ministry provide sufficient cost-charing for these services.

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